

## Department of Industrial Accidents

### Retrospective Review Procedure – No Additional Medical/Clinical Information Required

#### 1<sup>st</sup> Business Day of Request

Retrospective review is a medical record review of treatment that has already been rendered. This procedure shall not be used for medical bill review.

Written request for utilization review of health condition/diagnosis and corresponding procedures/treatments received by UR organization.

UR staff enters demographic information.

UR staff confirms compensability with claims adjuster.

Once compensability is confirmed UR staff send introductory letter that instructs IW to contact adjuster if UR card is not received from Insurer.

Initial licensed UR reviewer begins review of clinical information.

**Documents type, category, and date of request in UR case notes.**

If additional clinical information needed, follow procedure for request of additional clinical information.

If no additional clinical information required initial licensed UR reviewer proceeds with Retrospective review to determine medical necessity and appropriateness of condition, and requested procedure(s) and/or treatment(s).



#### HCSB Treatment Guideline Review

Initial licensed UR reviewer continues review medical information comparing condition and corresponding procedure(s)/treatment requested with HCSB treatment guideline/review criteria.

##### **Approval - HCSB Treatment Guideline Applies**

Initial licensed UR reviewer determines HCSB treatment guideline/criteria apply to condition under review and approves request.

Approval letter sent to OP/IW **within ten days of determination. Approval Letter includes guideline and clinical rationale. Date of request, category, and type of review documented in UR case notes.**

##### **NO HCSB Treatment Guideline Applies**

Initial licensed UR reviewer determines **no** HCSB Treatment Guideline/Criteria applies and moves to review of secondary sources.

##### **HCSB Treatment Guideline Applies- Initial licensed UR Reviewer Unable to Approve**

Initial licensed UR reviewer determines HCSB treatment guideline/criteria applies, but is unable to approve request. Initial licensed UR reviewer forwards request for school-to-school/peer review, **by next business day. Date of request for school-to-school/peer review and clinical concerns of initial licensed UR reviewer must be documented in UR case notes.**



#### Secondary Source Treatment Guideline Review

Initial licensed UR reviewer continues review medical information comparing condition and corresponding procedure(s)/treatment requested with secondary source treatment guideline/review criteria.

##### **Approval - Secondary Source Treatment Guideline/Criteria Applies**

Initial licensed UR reviewer determines secondary source treatment guideline/criteria apply to condition under review and approves request. Approval letter sent to OP/IW **within ten days of determination. Approval Letter includes guideline and clinical rationale. Date of request, category and type of review documented in UR case notes.**

##### **NO Secondary Source Treatment Guideline/Criteria Applies**

Initial licensed UR reviewer determines **no** secondary source Treatment Guideline/Criteria applies. Initial licensed UR reviewer contacts supervisor and moves **to Internal Guideline development and review procedure.**

##### **Secondary Source Treatment Guideline/Criteria Applies – Initial licensed UR Reviewer Unable to Approve**

Initial licensed UR reviewer determines secondary source treatment guideline/criteria applies, but is unable to approve request. Initial licensed UR reviewer forwards request for school-to-school/peer review **by next business day. Date of request for school-to-school/peer review and clinical concerns of initial licensed UR reviewer must be documented in UR case notes.**

**Retrospective Review Procedure –  
No Additional Medical/Clinical Information Required - Continued**

**School-To-School/Peer Review**

**Approval**

**Within five (5) days** school-to-school/peer reviewer conducts clinical review and renders approval. Approval Letter sent **within ten days of determination**. Approval Letter includes **treatment guideline/criteria and clinical rationale**. **Date of request and clinical rationale must be documented in UR case notes.**

**Request for Additional Medical Information**

**By next business day** school-to-school/peer reviewer determines additional medical information is required to conduct review. School-to-school/peer reviewer follows procedure for Request of Additional Medical Information.

**Adverse Determination**

**Within five (5) days** school-to-school/peer reviewer issues AD.

AD Letter **sent within ten days of adverse determination.**

AD Letter includes guideline/criteria, clinical rationale, identifier/name and school of reviewer and appeal procedure. **Date of request, type of review, and clinical rationale documented in UR case notes.**